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UTILITY PATENT APPLICATION TRANSMITTAL

| Attorney Docket No. First Inventor | | 0156-2008US01 | | | | |
|------------------------------------|---|----------------|--|--|--|--|
| | | Michael Lebner | | | | |
| Title | DEVICE FOR LACERATION OR INCISION CLOSURE | | | | | |
| | 11-1-11 | FI 00000000110 | | | | |

| (Only for new nonprovisional applications under 37 CFR 1.53(b)) | Express Mail Label No. EL909893089US | | | | | | | |
|--|---|--|--|--|--|--|--|--|
| APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents | ADDRESS TO: Assistant Commissioner for Patents Box Patent Application Washington, DC 20231 | | | | | | | |
| See MPEP chapter 600 concerning utility patent application contents 1. Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original and a duplicate for fee processing) Applicant claims small entity status. See 37 CFR 1.27 3. Specification [Total Pages 22]] (preferred arrangement set forth below) - Descriptive title of the invention - Cross Reference to Related Applications - Statement Regarding Fed sponsored R & D - Reference to sequence listing, a table, or a computer program listing appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (if filed) - Detailed Description - Claim(s) - Abstract of the Disclosure 4. Drawing(s) (35 U.S.C. 113) [Total Sheets 3] 5. Oath or Declaration [Total Pages 2] a Newly executed (original or copy) Copy from a prior application (37 CFR 1.63 (d)) (for continuation/divisional with Box 18 completed) DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) | Washington, DC 20231 7. CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix) 8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) a. Computer Readable Form (CRF) b. Specification Sequence Listing on: i. CD-ROM or CD-R (2 copies); or ii. paper c. Statements verifying identity of above copies ACCOMPANYING APPLICATION PARTS 9. Assignment Papers (cover sheet & document(s)) 10. 37 CFR 3.73(b) Statement (when there is an assignee) Attorney 11. English Translation Document (if applicable) 12. Information Disclosure Statement (IDS)/PTO-1449 13. Preliminary Amendment 14. Return Receipt Postcard (MPEP 503) (Should be specifically itemized) 15. Certified Copy of Priority Document(s) (if foreign priority is claimed) | | | | | | | |
| named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b). 6. Application Data Sheet. See 37 CFR 1.76 | 16 Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent. Other: | | | | | | | |
| 18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1:76: Continuation Divisional Continuation-in-part (CIP) Of prior application No. Prior application information: Examiner: Group Art Unit: For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts. | | | | | | | | |
| 19. CORRESPONI | DENCE ADDRESS | | | | | | | |
| Customer Number or Bar Code Label (Insert Customer No. or Attach bar code label here) Or Correspondence address below | | | | | | | | |
| Name Kevin M. Farrell, Pierce At | lwood | | | | | | | |
| One New Hampshire Avenue | | | | | | | | |
| Address Suite 350 | | | | | | | | |
| City Portsmouth | State NH Zip Code 03801 | | | | | | | |
| | elephone (603) 433-6300 Fax (603) 433-6372 | | | | | | | |
| Name (Print/Type) Kevin M. Farrell | Registration No. (Attorney/Agent) 35,505 | | | | | | | |
| Signature 404 acces | Date 7/24/3 | | | | | | | |

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.



Approved for use through 04/30/2003. OMB 0651-0032 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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FEE TRANSMITTAL for FY 2003

Effective 01/01/2003. Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT

(\$) 537

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|---|-------------------|--|--|--|--|--|--|
| | Compl te if Known | | | | | | |
| Application Number | | | | | | | |
| Filing Date | | | | | | | |
| First Named Invento | r Michael Lebner | | | | | | |
| Examiner Name | | | | | | | |
| Art Unit | | | | | | | |
| Attorney Docket No. | 0156-2008US01 | | | | | | |

Date

| METHOD OF PAYMENT (check all that apply) | FEE CALCULATION (continued) | | | | | |
|--|-----------------------------|---|--|-------------------|--|--|
| Check Credit card Money Other None | 3. ADDITIONAL FEES | | | | | |
| Deposit Account: | Large Entity | Small Entity | | | | |
| Deposit | | Fee Fee Code (\$) | Fée Description | Fee Paid | | |
| Account Number | 1051 130 | ` : · · · · · · · · · · · · · · · · · · | Surcharge - late filing fee or oath | | | |
| Deposit Account 500282 | 1052 50 | | Surcharge - late provisional filing fee or cover sheet | 45 - 72 | | |
| Name The Director is authorized to: (check all that apply) | 1053 130 | 1053 130 | Non-English specification | | | |
| Charge fee(s) indicated below Credit any overpayments | 1812 2,520 | 1812 2,520 | For filing a request for ex parte reexamination | | | |
| Charge any additional fee(s) during the pendency of this application | 1804 920* | | Requesting publication of SIR prior to Examiner action | | | |
| Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account. | 1805 · 1,840* | 1805 1,840* | Requesting publication of SIR after Examiner action | | | |
| FEE CALCULATION | 1251 110 | 2251 55 | Extension for reply within first month | | | |
| and the second s | 1252 410: | 2252 205 | Extension for reply within second month | | | |
| 1. BASIC FILING FEE Large Entity Small Entity | 1253 930 | 2253 465 | Extension for reply within third month | | | |
| Fee Fee Fee Fee Description Fee Paid | 1254 1,450 | 2254 725 | Extension for reply within fourth month | | | |
| Code (\$) Code (\$) 1001 750 2001 375 Utility filing fee | 1255 1,970 | 2255 985 | Extension for reply within fifth month | | | |
| 1001 730 2001 375 Othity filling fee \$375 | 1401 320 | | Notice of Appeal | | | |
| 1003 520 2003 260 Plant filing fee | 1402 320 | . , | Filing a brief in support of an appeal | e de la dela | | |
| 1004 750 2004 375 Reissue filing fee | 1403 280 | | Request for oral hearing | in the regions of | | |
| 1005 160 2005 80 Provisional filing fee | 1451 1,510 | - | Petition to institute a public use proceeding | 7 | | |
| | 1452 110 | 1, | Petition to revive - unavoidable | | | |
| SUBTOTAL (1) (\$) 375 | 1453 1,300 | | Petition to revive - unintentional | | | |
| 2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE | 1501 1,300 | | Utility issue fee (or reissue) | | | |
| Extra Claims below Fee Paid | 1502 '470 | | Design issue fee | | | |
| Total Claims 38 -20** = 18 X \$18 = \$324 | 1503 630 | 2503 315 | Plant issue fee | | | |
| Independent Claims 2 - 3** = 0 x \$84 = 0 | 1460 130 | 1460 130 | Petitions to the Commissioner | , | | |
| Multiple Dependent | 1807 50 | 1807 50 | Processing fee under 37 CFR 1.17(q) | | | |
| Large Entity Small Entity | 1806 180 | 1806 180 | Submission of Information Disclosure Stmt | 1 12 1 | | |
| Fee Fee Fee <u>Fee Description</u> Code (\$) Code (\$) | · 8021 40 | 8021 40 | Recording each patent assignment per property (times number of properties) | | | |
| 1202 18 2202 9 Claims in excess of 20 | 1809 750 | 2809 375 | Filing a submission after final rejection | | | |
| 1201 84 2201 42 Independent claims in excess of 3 | | | (37 CFR 1.129(a)) | 11. 1,1. | | |
| 1203 280 2203 140 Multiple dependent claim, if not paid | 1810 750 | 2810 375 | For each additional invention to be examined (37 CFR 1.129(b)) | ., | | |
| 1204 84 2204 42 ** Reissue independent claims over original patent | 1801 750] | 2801. 375 | | | | |
| 1205 18 2205 9 ** Reissue claims in excess of 20 | 1802 900 | 1802 900 | | 1 2 | | |
| and over original patent | | | of a design application | | | |
| SUBTOTAL (2) (\$) 162 | Other fee (sp | · · | | | | |
| **or number previously paid, if greater, For Reissues, see above | *Reduced by | Basic Filing Fe | subtotal (3) (\$) | | | |
| SUBMITTED BY (Complete (if applicable) | | | | | | |
| Name (Print/Type) Kevin M. Farrell | Telephone 603-433-6300 | | | | | |

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This collection of information is required by 37 CFR 1.17 and 1.27. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Signature